

BOND

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ESTATE PLANNING QUESTIONNAIRE

******Completing and Returning this Questionnaire to Michael Bond, Esq. Creates No Obligation to You, nor does it Create an Attorney-Client Relationship in the Absence of a Formal, Signed Engagement Letter******

PART ONE – PERSONAL INFORMATION

Please list the information for each spouse or partner separately as Party A and B. If single, use the “Party A” column.

	PARTY A	PARTY B
Full Legal Name		
Alternate names or versions of your name that you have used		
Home Address (street, apt. #, city, state, zip)		
Preferred Telephone Number		
Preferred Email Address		
Date <u>and</u> Place of Birth		
U.S. Citizenship / Immigration Status		
Occupation		
Annual Income		
Marital Status Include the date <u>and</u> state/country where marriage took place.		
Do you have a prenuptial agreement?		
Previous Marriages? How did previous marriages end? Are there any continuing legal/ financial obligations or benefits from previous relationships?		
Pets		

WHO ARE YOUR CLOSEST LIVING RELATIVES?

Please include people from whom you are estranged. Feel free to use additional attachments/sheets of paper.

	PARTY A	PARTY B
CHILDREN <i>Include those adopted or born out of wedlock, but not step-children. Please include date of birth for each.</i>		
PARENTS <i>Include adoptive parents, but not step-parents. If deceased, please indicate with a (d) next to their name.</i>		
SIBLINGS <i>Include half-siblings, but not step-siblings. If deceased, please indicate with a (d) next to their name.</i>		

PART TWO – ASSETS AND LIABILITIES

Exact dollar amounts are not needed – I mainly need to know what kind of assets you have, how they are titled, and **ballpark** estimates of their values in order to assess possible estate tax liability.

REAL ESTATE					
Location and type (condo, co-op, detached residence, etc.)	Estimated Value	Mortgage	% Party A owns	% Party B owns	Joint Ownership?

RETIREMENT ACCOUNTS				
Name of bank/firm and type of account (i.e., IRA, 401k, etc.)	Estimated Value	% Party A owns	% Party B owns	Beneficiary

LIFE INSURANCE POLICIES					
Name of company and type of policy (i.e., term, whole life)	Death benefit	Cash Value	Who owns the policy?	On whose life?	Beneficiary

OTHER FINANCIAL ACCOUNTS AND INSTRUMENTS				
Savings / Checking / Investment Accounts / Annuities / Stocks / Bonds	Estimated Value	% Party A owns	% Party B owns	Joint Ownership?*

* Please indicate if any joint bank accounts were established mainly for the convenience of having a second signer on the account (e.g., an account with an aging parent). These are treated differently from other accounts.

Do you have a financial adviser/planner? YES NO If YES, how often do you review your investments together?

BUSINESS INTERESTS	Estimated Value	% Party A owns	% Party B owns	Joint Ownership?
INTELLECTUAL PROPERTY (patents, literary works, etc.)	Estimated Value	% Party A owns	% Party B owns	Joint Ownership?
OTHER ASSETS (including titled property such as cars and boats, etc.)	Estimated Value	% Party A owns	% Party B owns	Joint Ownership?

LIABILITIES / DEBTS (other than mortgages)	Estimated Debt	Amt. Party A owes	Amt. Party B owes	Jointly owed?

PART THREE – YOUR AGENTS AND BENEFICIARIES

EXECUTOR. An Executor is the person who will carry out the provisions of your Will and administer your estate. The Executor is responsible for having the Will probated, marshaling all estate assets that are to pass under the Will, and paying estate debts (including funeral expenses), administration expenses, and any taxes that are due from the estate. Being the Executor of a Will is a major responsibility, and entails a significant amount of work. The person chosen should be trustworthy, responsible, organized, and diligent. Please choose at least one alternate.

	Party A	Party B
Primary	Name:	Name:
Alternate 1	Name:	Name:
Alternate 2	Name:	Name:

HEALTH CARE AGENT. A health care agent is a person you choose in advance to make health care decisions for you in the event you become unable to do so. A health care agent can help make medical decisions on your behalf at the end of life or at any other time you are not able to communicate, such as if you are severely injured in an accident. Choose someone you trust to discuss your desires, values, fears, and preferences about medical care in various situations. Your health care agent needs to be willing and able to make potentially difficult decisions about medical treatment for you. Please choose at least one alternate.

	Party A	Party B
Primary	Name:	Name:
Alternate 1	Name:	Name:
Alternate 2	Name:	Name:

POWER OF ATTORNEY. A power of attorney agent is similar to an executor, but is empowered to manage your business affairs during your lifetime, such as buying and selling your property, entering into contracts on your behalf, making gifts, etc. It is desirable for this to be someone local.

	Party A	Party B
Primary	Name:	Name:
Alternate 1	Name:	Name:

GUARDIANS FOR MINOR CHILDREN. If you have children under the age of 18, it is important to designate the person or persons who would serve as their guardian in the event of your death or incapacity. A guardian only assumes the role if both parents have died or are incapacitated, and so it is not necessary or sufficient to name the other parent as a guardian in the table below. Although for many people this is the hardest part of planning their estate, it is important to name a primary guardian(s) and at least one alternate.

	Party A	Party B
Primary	Name:	Name:
Alternate 1	Name:	Name:
Alternate 2	Name:	Name:

BENEFICIARIES. Please provide the name(s) of who you would like to inherit your estate. You may list individuals and/or charities. Your gifts may be specific items of personal or real property, or a more general gift of cash. If your intended gift is cash, and you have more than one beneficiary, it is often best (but not required) to express the gifts in percentages of your overall estate as opposed to fixed dollar amounts.

Beneficiary Name	Amount/Item	Gift to be held in trust?	Trustee (if other than Executor)

If you wish to specifically exclude anyone from your estate, please indicate their names and relationship to you:

FULL NAMES AND CONTACT INFORMATION

For **each** of the people you've named in Part III of this questionnaire (executors, agents, beneficiaries, etc.), please fill in the information below as completely as possible.

Name	Relationship to You	Address	Telephone No.	Email

WISHES FOR FUNERAL, BURIAL, ETC. (if any)

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PART FOUR – ADDITIONAL RELEVANT INFORMATION

	PARTY A	PARTY B
Do you have a safe deposit box?		
Has there been any recent or imminent change of status? (Marriage, divorce, birth, death, new business, etc.)		
Do you have an existing will or other estate documents?		
Do you anticipate receiving a substantial inheritance?		
Are there health problems I should consider?		
Are there problematic family relations I should consider?		
Are you currently the beneficiary of any trust? Do you have a right/power to determine the disposition of trust assets?		
Are there any other issues that you wish to deal with in our work together?		
Would you like to discuss being connected with trusted professionals, such as accountants, financial advisers, life/disability insurance agents, etc.?		
Would you like to discuss advance funeral planning?		
How did you hear about me/who referred you to me?		

***Please feel free to use additional pages
to explain any further details of the information requested above,
or any other issues that you feel may be relevant to your estate planning.***